

In the whole of the cases in which the granular disease of the kidneys occurred as a complication of phthisis, the tubercle had softened, and given rise to caverns—in 3 instances in one lung only, in the remaining 5 in both.

In 4 cases, there existed more or less extensive recent pneumonic condensation in one or both lungs, and in 2 the pleura was also found covered by recent membranous exudations, and its sac contained sero-purulent fluid. In a 5th case there existed copious muco-purulent secretion in the bronchial tubes, and the mucous membrane was much injected. In 7 cases the solitary and aggregate glands in the intestines were tuberculous, and the mucous membrane more or less extensively ulcerated, and in one of these there was also recent peritonitis, though no perforation of the canal was detected.

In one case, there was extensive ramollissement of the central parts of the brain, connected with paralysis, first affecting the right side of the body, and subsequently both sides.

In one case, there was disease of the mitral valve, with hypertrophy, and dilatation of the heart.

In 6 cases, the serous sacs contained more or less fluid, and the cellular membrane was œdematous.

In 2 or 3 cases, the fatal event was ushered in by delirium and coma, and might be regarded as directly resulting from the imperfect performance of the functions of the kidneys.

We see, therefore, that the supervention of the renal disease during the progress of pulmonary consumption, both by the great liability which it induces to inflammation of the parenchymatous viscera and serous sacs, and also by the direct effect of the elements of the arrested renal secretion, tends very materially to add to the severity, and hasten the progress of the pulmonary disease.—*Lond. and Edin. Monthly Journ. Med. Sci.*, Aug., 1845.

26. *Cyanosis*.—M. ABERLE, of Vienna, gives the following conclusions as the result of the analysis of 180 cases of cyanosis.

In 100 hundred cases there was a defect in the partition of the ventricles. There was also, in 87 of these cases, an abnormal communication of the ventricle, with the aorta; in 22, the foramen ovale was closed, and in 65, it was open. In four cases only, the pulmonary artery issued from both ventricles. In the 87 cases in which the aorta arose from both ventricles, the pulmonary artery was 37 times strictured, or even quite closed. Of these 180 cases, two-thirds were of the masculine sex. The duration of life in cases of this disease is indicated by the following list:—

Death occurred, in the first twenty-four hours, in four cases; in the first fortnight, in sixteen; before the end of the first month, in four; from the first to the second month, in seven; from the second to the third month, in six; from the third to the sixth month, in eight; from half a year to one year, in twelve; from one year to two years, in seven; from two years to three, in nine; from three to six, in eleven; from six to eight, in eleven; from eight to eleven, in thirteen; from thirteen to sixteen, in twelve; from sixteen to twenty, in eight; from twenty to twenty-five, in ten; from twenty-five to thirty, in six; from thirty to thirty-five, in five; from thirty-five to forty-five, in five; from forty-five to sixty, in four; at eighty, in one. In ten cases, the age is not indicated.—*Lancet*, August 9, 1845.

27. *On Cirrhosis of the Liver*. By D. J. CORRIGAN, M.D.—[This disease, to which the term cirrhosis of the liver has of late years been applied, consists in a subacute or chronic inflammatory affection of the cellular tissue which forms Glisson's capsule, and which, as is well known, is intimately distributed through the organ, giving an investment to each acinus, and affording a bed for the ramifications of the blood and other vessels peculiar to the hepatic system. The consequence of this inflammation, as in the cellular structure of other parts of the

The renal disease would indeed appear in this country to exert some influence over the fatty degeneration of the liver occurring in phthisis, as of the 8 cases in which that change had taken place, 5 were cases of renal complication, and in one of the remaining 3, the condition of the kidneys is not stated.

body, is contraction, by which the glandular structure is irregularly displaced and compressed accordingly as this contraction varies in extent, and the blood-vessels and biliary ducts are more or less obstructed. When this pathological condition exists in a high degree, it constitutes the granular or hob-nail liver. The secondary effects of the lesion are of a very severe character, and are those which might be expected from the obstruction which exists to the course of the portal blood on the one hand, and of the biliary secretion on the other. They are jaundice and dropsy of the peritoneal cavity, with all the varied symptoms which arise from imperfect digestion and assimilation. This condition of the liver when once established, is as far as we know incurable, and as its initiatory symptoms are little understood, it too often gains a footing before any effectual means are taken to arrest its progress. For this reason we consider that the following remarks of an eminently practical physician, are worthy of special remembrance.]

Symptoms of first stage of Cirrhosis. A man comes to consult you, who has been ailing with, what himself and friends term, colic pains—these are generally felt at, or about, four or six hours after dinner; so it is nothing unusual, if he has dined about five P. M., for him to be awoke from sleep by an attack of these pains. They are accompanied in general by quick pulse, from eighty-six to ninety, vomiting, constipation, and some slight degree of fever; under the use of some stimulant, taken internally, joined to the administration of a laxative clyster, this attack is removed; sometimes the patient attributes this train of symptoms to errors in diet, but after some short time they come on, when nothing of an injurious nature has been taken. According as the disease advances, you have these "colic" fits more frequent, the vomiting is more intense, the pulse is quicker—this may or may not be so, it is immaterial; the skin is dry, the tongue is red, and smooth in the centre, presenting an appearance as if the papillæ had been removed from thence; in most cases there is pain felt at the top of the right shoulder, and in all a degree of jaundice, very slight indeed, is visible, which, however, is much better marked if you examine the conjunctiva, having previously turned out the lower lid. The jaundice in this disease comes on gradually. With regard to the pain at the top of the right shoulder, which as you know, has been set down by the old writers as a sign of hepatic disease, I must confess myself completely ignorant as to its cause. As to the value which is to be attached to it, numerous examples of this disease in which it has been present, lead me to look upon it as a very important item to be taken into account in coming to a diagnosis. In this stage of the disorder, along with the symptoms just enumerated, there is some slight pain present in the region of the liver and duodenum. But the most attentive and careful examination cannot detect the slightest alteration in the liver itself. The stools at this period, along with the usual feculent matter, are loaded with a quantity of mucus; and are sometimes streaked with blood. Here we must stop for a few moments to ask ourselves, what do the above-named symptoms denote? We have pain simulating that of colic, accompanied with tenderness of the right side; vomiting; tongue smooth and red, seeming as if its central papillæ had been removed; quickened pulse at ninety-six; dry skin; pain at top of right shoulder; and, lastly, passage of feces, loaded with mucus and tinged with blood. Do they denote any intestinal affection? Not dysentery. For though we have mucus stools, streaked with blood, yet we have no tenesmus. The colon is not engaged; were it so we should have diarrhœa. We must, therefore, proceed higher up the intestinal tube to search for the *locale* of the disease. This, I am inclined to believe, is the duodenum. This opinion I have been led to form from a careful consideration and comparison of the above symptoms, which, as I think, are nothing more than the signs of gastro-duodenitis, or duodenitis itself. And physiology explains to us how duodenitis may cause disease of the liver; it teaches us that diseases of membranous structures, adjoining which are glands that open on the above tissues by means of ducts of similar texture as the membranes in question, are liable to extend their action to the glands which open on such diseased membranes, or the glands may become sympathetically affected. We see this exemplified in affections of the mucous membranes of the intestines, which frequently involve the glands of the mesentery in the existing mischief. This disease of cirrhosis I would look upon merely as the consequence of duodenitis, and we shall

presently find another argument in favour of the opinion as to the gastric origin of the disease in question, in the fact, that the medicines we find most serviceable in removing certain functional diseases of the digestive organs, are those, which in the first stage of cirrhosis, have also been found most productive of benefit to our patient.

Treatment.—The most essential preliminary to the successful medical management of your patient is an injunction on him to refrain sacredly from every description of stimulant, such as ale, porter, wine, &c. Such a prohibition will be the more necessary, because from the habit of taking stimulants of the above class during the pain, which most probably has been indulged in, and which might have been erroneously deemed capable of relieving the pain, your patient might fancy himself benefited by them, or at least, that they were not productive of injury to him.

Such an idea would be a most fatal one to act upon: because any trifling remission of pain produced (if at all) by their use, would be sure to be followed by an increased intensity of all the previous evils. All errors and excesses in diet must be religiously spoken against also; and the same veto must be placed upon any articles of food which the patient might previously have found prejudicial, though tempting. While you restrain him thus, you will take care that his diet is one of a sufficiently nutritious character, comprising, as it may, a light farinaceous milk diet, with a proportion of animal food, suitable, both in quantity and quality, to the enfeebled energies of the stomach and digestive apparatus. At the same time that you lay down these rules for his guidance, acquaint him fully with the peculiar and precarious situation in which he is placed,—a situation from the inevitable fatality of which, he cannot have the slightest chance of escaping, unless he implicitly adhere to your *diet*. Another, and a most particular object for you to enforce all through, is the necessity which exists of your patient breathing as pure an air as possible. With men of business, who consult you at the commencement, such a thing could not be practicable, implying, as it does, an entire abandonment of business. Where circumstances forbid this, you must see that your patient's nights, *at least*, are spent in the country; without this precaution, all your remedial efforts will be unavailing. Indeed, it is astonishing to witness the wonderfully restorative effects which a residence in the country produces in persons labouring under this disease. Before a month has rolled over in the country, the rheumatism, as the pain at the shoulder is called, will have completely disappeared from persons who had been doctoring themselves unavailingly in town, with plasters, liniments, &c., for three, four, or six months previously: the pulse becomes slower, the tongue moist, the appetite becomes much improved: in time they quickly become all but restored to their former health, under the conjoint good effects of pure country air and appropriate medicines. As regards the treatment "*paroxysmo instanto*," I shall not detain you by entering minutely into its details. It will suffice me to mention that counter-irritation by spirits of turpentine (in the manner previously directed under the head of bronchitis) over the seat of pain, the exhibition of one or two grains of powdered opium, with calcined magnesia, in a draught, will invariably, in every case, be quite effectual in removing it. In such cases be not misled by the patient's statement of his having derived relief from stimulants on former occasions. Do not have recourse to them, though they may have been sanctioned by prior medical advice.

Now, with regard to the radical treatment. Your first step should be the application of 10 or 12 leeches on, or the abstraction, by cupping, of ʒviij or ʒx of blood from the usual seat of pain. The cupping over the liver and duodenum may be repeated once a week for three, four, six, eight, or nine times, as the severity of the case may seem to demand. *Here* it would not be advisable for you to take away blood in any large quantity, as the persons in whom the disease generally appears, are not those who would bear with impunity such large evacuations, being for the most part, persons of constitutions naturally weak and delicate. After the topical bleeding, counter-irritation should be directed to be sedulously employed over the surfaces covering the inflamed organs, and for this purpose I do not know of anything better than the unguent. antim. tart.; the use of which may alternate with the bleeding. Along with these topical means, you will have to employ constitutional ones, those which are generally selected to subdue inflam-

mation. Direct for this purpose, the administration of mercury, combined with opium. Of this mineral, I invariably select the simplest preparations, such as iodium hydrarg., or the hydrarg. c. creta. The administration of this mineral will require to be continued until its effects are produced, namely, gentle ptyalism. This must be kept up for a period of a fortnight or three weeks. Severe salivation, I reckon to be uncalled for here, and likely to be productive of injury rather than benefit, for the same reasons which I have urged against large bleedings, namely, its tendency to increase existing debility. After the mercury has done its work, you will very advantageously now prescribe the use of sesquinitrate of bismuth, a medicine, which, (although I do not think it possessed of peculiar or specific effect on the liver), in the present disease is eminently serviceable. The combination which I am in the habit of prescribing for this purpose consists as follows:—R.—Ferri cum saccharo; Sodæ bicarbonat., aa gr. x.; Subnitrat. bismuthi gr. v. Fiat pulvis: to be taken three times a day.

This I direct to be persevered in for some length of time, till all the symptoms of pain are removed. This may take up a period of two or three months, but in general you will find it much harder to dissuade your patient from taking, (such an effect has it in relieving him,) than you would have in persuading him to continue it. If the symptoms of this disease should again recur at any period subsequent to the discontinuance of the above combination, it will be very easy for you to have recourse to it again.—*Ranking's Abstract from Medical Times*, Jan., 1845.

28. *Ox-Gall in Constipation*.—Dr. R. H. ALLNAT, in a paper in the *Lancet*, (June 7th, 1845), relates several cases, illustrative of the good effects of inspissated ox-gall in the cure of habitual constipation. In a subsequent No. of the same Journal, (July 12th), he recommends that the ox-gall should be prepared in a water-bath, the gall being frequently stirred, to produce a perfectly homogeneous extract. The addition of a small quantity of magnesia will, he says, expedite the process. He gives it in doses of five grains made into pills, three times daily. He administers it also in some cases, in the form of enema.

29. *Neuralgic Periodicity*.—The following very remarkable case of neuralgic periodicity, is related by Dr. J. PINNOCK, in the *Lancet* (July 26th, 1845).

The subject of the case was a female, 14 years of age, who had not yet menstruated. Six years ago she was thrown out of a swing, and her head struck against a brick. Violent headache, referred to the forehead, ensued, which lasted about a fortnight; the right hand then became clenched, and the headache ceased. The hand continued immovably closed for three weeks; it then opened of its own accord, and the headache returned. The hand remained open, and she had the free use of it for three weeks, during which time she suffered from headache. It then closed, with the same relief from headache which she at first experienced. Besides the freedom from headache, her general health was invariably better when the hand was closed, and the opening of the hand was invariably preceded by feelings of indisposition.

From the time of the accident to August last, a period of six years, the alternations of closing and opening of the hand and of headache have followed each other with perfect regularity, except sometimes during the summer, when the intervals have been somewhat protracted. Once, in summer, the hand remained open two months, with constant fore-headache.

When this patient came under Dr. P.'s care in August, 1844, the hand was closed, and she made no complaint of headache. A forcible attempt made to open the hand gave her great pain, extending up the arm. Dr. P. was struck with the excessively sour smell of the perspiration in the hand, resembling sour curds, just as putrefaction is commencing—a state of the cutaneous secretion which obtains in this form of nervous affections. She complained of tenderness along the cervical vertebrae. A grain of strychnia, divided into fifteen pills, one to be taken three times a day, was prescribed, and a succession of mustard-poultices along the spine. Dr. P. directed the hand to be well washed with soap and water, and ordered an antacid diet. Under this plan of treatment her general health underwent a manifest improvement, and when the hand opened at the ex-